MAXIMUS Federal Services

Case Number:	CM14-0017955		
Date Assigned:	04/16/2014	Date of Injury:	05/02/2002
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72 year old male whose date of injury is 05/02/2002. His diagnosis is adjustment disorder with mixed anxiety and depression. There following PR2's by [redacted] Procci were submitted for review. On 02/01/13 the patient was stable while on medications, on 04/02/13 he was withdrawn, on 05/01/13 he was unchanged (depressed and withdrawn), on 07/02/13 he was withdrawn, quite depressed and tearful, lacking motivation, on 11/01/13 the patient reported feeling "a bit" depressed and that Cymbalta was very helpful. He had been taking it for over 4 years. A PR2 of 02/03/14 shows the patient as being unchanged, still depressed and withdrawn, crying at times, and sleeping 8-10 hours at night.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MONTHLY PSYCHOTHERAPY MEDICATION MANAGEMENT AND MEDICAL APPROVAL - ONE (1) SESSION PER MONTH FOR SIX (60 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits

Decision rationale: The patient's reported symptoms are descriptively vague, to say the least. There is nothing in records provided to adequately assess the severity of this man's depression. There are no metrics or testing of any kind. There is no documentation of his level of functional impairment. There is no elaboration regarding the efficacy of the Cymbalta except for the statement that "it was very helpful". Given the above, this request is not medically necessary and I recommend noncertification. CA-MTUS does not address monthly psychotherapy medication management, therefore ODG was utilized in the formulation of this decision. Per ODG: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible.